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## Substitute for Form PTO-875

### Application of Doctor Number

Application or Doctor Number  
10764768

(Column 1)

(Column 2)

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

LARGE ENTITY			SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.18(a), (b), or (c))				
SEARCH FEE (37 CFR 1.18(d), (e), or (m))				
EXAMINATION FEE (37 CFR 1.18(e), (f), or (j))				
TOTAL CLAIMS (37 CFR 1.18(f))	minus 20 =	*	X	*
INDEPENDENT CLAIMS (37 CFR 1.18(h))	minus 3 =	*	X	*
APPLICATION SIZE FEE (37 CFR 1.18(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).			
MULTIPLE INDEPENDENT CLAIM PRESENT (37 CFR 1.16(i))				
TOTAL				

\* If the difference in column 1 is less than zero, enter "0" in column 2.

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**APPLICATION AS AMENDED – PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY**

**QA**

**OTHER THAN  
SMALL ENTITY**

AMENDMENT A	11/4/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		SMALL ENTITY	
	Total (37 CFR 1.160)	42	Minus	49		RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
	Independent (37 CFR 1.160)	3	Minus	6		X		X	
	Application Size Fee (37 CFR 1.16(e))					X		X	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

**TOTAL  
ADD'L FEE**

**OR**

TOTAL  
ADD'L FEE

(Column 1) -

**(Column 2)**

(Column 3)

**RATE (\$)****ADDITIONAL  
FEE (\$)****RATE (\$)**

**ADDITIONAL  
FEE (\$)**

AMENDMENT B	1-3046	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	TOTAL (37 CFR 1.160)	11	Minus	49	-	25		OR	50	
	Independent (37 CFR 1.160a)	3	Minus	6	-	100		OR	200	
	Application Size Fee (37 CFR 1.16(a))									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b))									
						180		OR	360	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

**TOTAL  
ADD'L FEE**

**OR**

**TOTAL  
ADDL FEE**

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"**

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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